



DELAWARE 2027
DIVISION OF REVENUE F O R M
SCT-TAX
S CORPORATION PERSONAL INCOME TAX



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Quarter

Name of Corporation

Street Address

City

State

Zip Code

BALANCE DUE FROM LINE 6 OF WORKSHEET

AMOUNT OF THIS PAYMENT

☐ Check here if a request for change form is being filed



DO NOT CUT THIS PAGE

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS - CALCULATION OF ESTIMATED TAX DUE

- | | | | |
|--|-----|----------------------|-----|
| 1. ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR | 1. | <input type="text"/> | .00 |
| 2a. TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS | 2a. | <input type="text"/> | |
| 2b. Multiply Line 1 by Line 2a | 2b. | <input type="text"/> | .00 |
| 3. Multiply Line 2b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.) | 3. | <input type="text"/> | .00 |
| 4. ESTIMATED LIABILITY FOR YEAR | 4. | <input type="text"/> | .00 |
| 5. PERCENTAGE DUE | 5. | <input type="text"/> | |
| 6. AMOUNT DUE - Multiply Line 4 by Line 5 | 6. | <input type="text"/> | .00 |

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

Delaware Division of Revenue
PO Box 0830
Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

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